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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

9

Application Number

10/709,063

Filing Date

9 Apr '64

First Named Inventor

hansson

Art Unit

3747

Examiner Name

W. Iker

Attorney Docket Number

7589.162

ENCLOSURES (Check all that apply)

- ☐ Fee Transmittal Form
- ☐ Fee Attached
- ☒ Amendment/Reply
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/
Incomplete Application
- ☐ Reply to Missing Parts
under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a
Provisional Application
- ☐ Power of Attorney, Revocation
Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____
- ☐ Landscape Table on CD

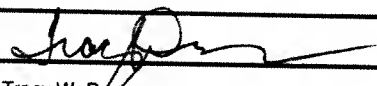
Remarks

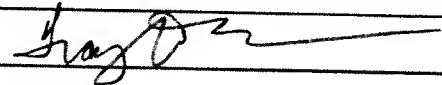
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/709,063	
	Filing Date	April 9, 2004	
	First Named Inventor	LARSSON, Anders et al.	
	Art Unit	3747	
	Examiner Name	MILLER, Carl S.	
Total Number of Pages in This Submission	19	Attorney Docket Number	7589.0162.PCUS00

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Post Card
Remarks <div style="text-align: center; font-size: 2em; font-weight: bold;">COPY</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Novak Druce + Quigg LLP		
Signature			
Printed name	Tracy W. Druce		
Date	21 May 2007	Reg. No.	35,493

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Signature			
Typed or printed name	Tracy W. Druce	Date	21 May 2007

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